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Ageing and intergenerational care in rural China: A qualitative study of policy development

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Abstract

The large-scale migration of younger workers from rural to urban China since the 1990s has separated many adult children from their ageing parents, thereby challenging traditional patterns of familial support in rural villages. Existing studies on ageing in rural China examining the familial support system show that families remain the main focus of support despite geographical separation. Less work has been done to capture the effects of recent changes in Chinese social policies for rural villages, including state pension provision and medical care, and the interaction between the familial support system and other sectors. Drawing on data from an ethnographic study of a rural village, this article adopts a ‘bottom-up’ approach to examine the implications of Chinese policy development for the provision of different types of old age support. The findings suggest that current welfare provision in rural China is deeply embedded in a familial ideology with market, state and community sectors, indirectly or directly, relying on the family sector. Rather than being located in a dichotomised debate between familialisation and defamilialisation, this article reveals that villagers’ preferences are situated along a spectrum between familialisation and defamilialisation, shaped by local socio-cultural economic circumstances and different types of old age support.

Key words: super ageing, rural China, state support, family interdependencies, gender and ageing, ethnographic studies

Introduction

The fertility decline and population ageing experienced in many Western countries have raised questions about the most appropriate balance between family and state for old age support. In Europe, an extensive body of work has developed examining the interrelationship between welfare regimes and care-related policies. Key concerns for scholars and policymakers are the role of families in social policy and the extent to which state social policies delimit families' care responsibilities (see Lewis, 1992; Leitner, 2003).

In China, families have traditionally been the main institution responsible for providing care for older people. Male heirs were the primary providers of support for parents in old age, while married daughters were obligated to provide support to their in-laws rather than their own parents. However, the 'traditional' model of familial support has come under pressure as China has entered a period referred to by some analysts as 'super ageing' (Joseph & Phillips, 1999). In 2016, the number of people in China who were aged 60 and over had reached 230 million (16.7 per cent of the population), with two thirds living in rural areas (National Bureau of Statistics, 2017). By 2050, this number is expected to exceed 400 million (35 per cent of the population) (Lin & Zhang, 2010). What makes China different from European ageing societies, and the challenges more acute, is the number of people involved (almost 20 per cent of the world's population) and their relatively low income level, and the stage of economic development. Whereas a substantial body of literature exists on the macroeconomics and general scale of ageing in China (see Cai, Giles, O'Keefe & Wang, 2012; Silverstein, Cong & Li, 2006), less work has been done on household-level effects and public policy implications.

Since the 1990s, large-scale rural to urban migration has taken place in China, geographically separating many adult children from their ageing parents, and challenging the historic

familial support system for welfare provision in rural areas. However, within this context, studies on ageing in rural China have shown that families remain the main foci of support despite geographical separation (Shang & Li 2009; Silverstein et al., 2006; Ye & He 2008), and there is evidence that stay-behind daughters in rural areas are playing an increasingly important role in supporting their own parents (Author A; Xu, 2001). The centrality of families is often considered a natural reflection of Chinese culture (Duckett & Carrillo 2011). Few studies examine the recent development in Chinese social policies (including state pension and medical care) for rural communities. Nor do they interrogate the interaction between different sectors – state, community and market – and the existing familial support system. Many of the studies on rural ageing are based on quantitative methods (Silverstein et al., 2006). Although a statistical approach can show trends in intergenerational transfers and residence patterns in the context of migration, it fails to capture the complexities of family relations, the multi-dimensionality of support systems, and preferences of the older generation and their adult migrant children. Drawing on data from an ethnographic study of a rural village, this article examines the roles that multiple actors (state, family, market and community) play in providing support for older people in rural China.

Conceptual framings

Walker and Wong (2005, p. 220) indicate that a critical tension is developing in East Asia between the imbalanced and relatively limited investment in social welfare provision and a ‘traditional family-based welfare threatened by socio-demographic changes and shifts in values between generations’. The implication is that families are increasingly ‘stressed by the economic and social changes around it’ (Izuhara & Forrest 2013, p.521), making it imperative to place families at the core of welfare analysis and to understand the dynamic configurations between them and other sectors in welfare provision.

Building on early discussion about ‘care regimes’ in western societies (Pfau-Effinger, 2005), researchers on East Asian social policy have employed a ‘care diamond’ analytical framework to examine the patterns of care provision in East Asia (Ochiai, 2009; Soma, Yamashita & Chan, 2011). This framework is defined as the configuration of care provision (labour, cost and responsibility) between the state, market, family and community. The literature on the care diamond in East Asia confirms that family-centered care remains prevalent, but that the balance of the responsibility between the family and other sectors is changing (Yamashita, Soma & Chan, 2013).

Existing research taking account of the ‘care diamond’ remains largely at a macro-level (Soma et al., 2011). While this analysis has vividly mapped out the political economy of care, little is known about the response and experience of people affected by actual welfare configurations. Further, when China is included in the analysis of existing studies, available data are largely confined to urban settings. As a result, scholars (Ochiai, 2009) have concluded that China’s care diamond structure indicates that the community sector is playing an increasing role encouraged by the state. This conclusion does not apply to rural China, where two thirds of China’s ageing population reside. The first aim of this article is, therefore, to map out the pattern of the care diamond in rural China through a focus on micro-level processes highlighting the experiences and strategies of the people who have lived through economic changes and recent policy shifts.

By studying a rural Chinese village, this article aims to throw light on the balance between family and other sectors in old age care in rural China. One key divide in the debate in European societies is between scholars who consider defamilialisation to be a desirable trend

in social policies and those who are more cautious, especially with respect to defamilialisation through marketisation (Lewis, 2001; Lister, 1994). Leitner (2003) makes an important distinction by introducing the terms ‘implicit’ and ‘explicit’ familialism, defamilialism and optional defamilialism to identify the degree to which welfare states assume and support family interdependencies, and produce or challenge gendered patterns of care giving.

We examine the experiences of state policy recipients in China and present their preferences regarding the appropriate balance between family and other sectors in old age support. Following Finch (1989), we view care as multi-dimensional incorporating financial support (including cash remittances/goods), instrumental support (assisting with tasks), emotional support (improving psychological wellbeing) and personal care (feeding and bathing). The case study draws attention to the processes shaped by local socio-cultural economic circumstances and the different types of care in old age, and it reveals the villagers’ preferences.

Social welfare provision in China

Chinese social policies are grounded in a systemic division between rural and urban areas (Shang & Wu, 2011). During the Maoist era (1949–1976), a household registration system (*Hukou* system) was introduced requiring everyone to be registered at birth as either an urban or a rural resident, with far-reaching implications for individuals. Work units in urban areas tended to specialise in heavy industry/manufacturing. They generated increasing wealth and were able to offer various benefits, such as a state pension and welfare provision to urban residents. The lack of wealth, investment and development in rural areas meant that no such benefits were offered to rural residents. Informal familial support therefore formed the entire

basis of old age support in rural China (Leung, 1997). Sons' families were expected to provide for their parents in old age. Only those who had lost the ability to work, were disabled or childless were provided for by local government in rural areas (Zhang, 2016).

In the post-Mao era, China adopted an approach to socialist development centered on economic modernisation. In cities, state enterprises were restructured; in the countryside, collective farming was displaced by a return to family farming; markets were relaxed, and government restrictions on rural–urban migration were reduced. However, reform of social policies was delayed, and it was not until 2006 that the state issued national guidelines regarding elder care, effectively promoting a multiplicity of services such as institutional care, and community-based home-care services for older people (State Council, 2006). The trajectory of the current social welfare reforms follows the residual model shaped by Confucian principles emphasising the family's responsibilities and the state's residual function (Shang & Wu 2011).

According to a government statement issued in 2006, the ideal model of elder care in the cities is 'one with home-based care as the main part, backed up by community-based services and complemented by institutional care' (State Council, 2006, cited in Shang & Wu, 2011, p. 124). Shanghai city for example, which has among the most advanced old age care in China due to its rapidly developing economy and care infrastructure, formed a 90–7–3 model, in which 90 per cent of old people are supported by home-based care, 7 percent supported by community-based care services (state funded) and 3 percent by market provided institutional care (Zhang, 2016). This heavy reliance upon family-based care has been followed in other Chinese cities (Miao, Zhang, Shi, Yu & Zeng, 2016). The one child policy has been changed to two child policy since 2015. However, whether the two child policy will alleviate ageing

challenges in China is still to be seen. Chinese media report found that only 5-10 per cent of the eligible couples were actually having a second child. This implies that the next generation of older people will continue face grave challenges in relying upon family-based care.

A different welfare configuration of rural areas is emerging as a result of state policy. In 2009, a pilot pension scheme for rural residents was introduced (Cai et al., 2012), which entitled every rural resident aged over 16 to contribute 100 to 800 Yuan per year and then, upon reaching 60, to draw a pension, varying between 55 and 70 Yuan (1 Yuan equivalent to 0.1 GBP) per month. The scheme reflects the welfare mix principle, since it requires the state and local government to make financial contributions to an individual's pension fund (Du, 2013). In practice, while the state makes a minimum contribution of 30 Yuan per annum, the local government contribution is subject to local economic circumstances. This pension scheme covered 10 per cent of rural villages in 2009, 24 per cent by the end of 2010 and aims to cover 100 per cent by 2020 (Zhang, 2016).

Rural medical care insurance was piloted in 2003, and gradually expanded to cover all villages by the end of 2015 (Chen, 2017). Grounded in a similar welfare mix as the pension scheme, medical insurance requires individuals, regional and state government to make contributions to a fund from which individuals can then draw if they incur hospital fees; the percentage varies depending upon the region but usually up to a 50 per cent limit. Despite the wide availability of medical insurance, research has found that 31 per cent of the rural population cannot afford to pay for their medical care (Li, Wu, Liu, Kang, Xie, Yin, Jiao, Liu, Hao & Ning 2014).

Case study design

This study aims to examine the micro-level processes of old age support among rural households in the context of rural to urban migration. The majority of existing studies on rural ageing in China are survey-based, concerned with the structure of support but at the expense of understanding the processes of support (Ye & He, 2008). This limitation is partly related to the fact that survey data are generally collected from only one member of the older generation in a study unit. By contrast, a qualitative, multi-generational approach was adopted here to capture the micro-level processes that shaped the older generations' and their adult children's experiences of giving and receiving support.

Village A was chosen for two reasons. First, it had a relatively high proportion of households that experienced migration (80 per cent), and the proportion of people aged over 60 was similar (14 per cent) to the national definition of an aged community (13 per cent). Second, in 2010 it was part of the state pilot pension scheme. During 2011, the first author spent two months living in Village A and participating in everyday activities.

Village A was located in an inland region of Hunan province, South China. In 2011 it had c.600 households, most of which were multigenerational, and a population of c.2,000. The village was occupied mostly by older residents and their grandchildren. From the 1980s, young male villagers started going to the coastal cities to work. In the 1990s, many men returned to their villages to marry; but after marriage they re-migrated leaving their wives at home until their children reached primary or middle-school age, when the women followed their husbands to the city. Since 2000, the length of time that a wife stayed at home has decreased to one or two years after childbirth. From 2000, it has been common for children (from a very young age) to be looked after solely by their grandparents. Men and women who stayed in the village still tended the field crops (mainly rice). Due to the gap between

rural and urban wages, remittances from adult children living in the city were a major source of income in the rural households. The average annual cash income from village farming was 3,000 to 4,000 Yuan compared to an average from migrant labour of 12,000 to 48,000 Yuan.

Life history interviews were conducted with men and women of different generations from eight households in the village. Households in which at least one adult had emigrated were selected for interview. The objective was to conduct up to four interviews per household; with both older parents and two adult children of different genders. Where the adult children were not available for interview in the village, follow-up interviews were undertaken at their place of migration. In total 28 interviews were conducted (see Table 1). All interviews were tape-recorded and fully transcribed.

Insert Table 1 about here

Changing practices of old age support in rural China

This section maps the provision for personal care, financial support, instrumental support and emotional support from family, state, market and community (see Table 2), to illustrate the qualitative analysis of the household effects of recent policy developments in rural China.

Insert Table 2 about here

The family as care provider

Traditionally, Chinese families are structured hierarchically based upon age, generation and gender. Post-Mao government policies, including the urban economic reforms and lifting of the ban upon rural to urban migration, increased the economic power of the younger

generation, led to a decline of parental power (Jing 2004), and reshaped intergenerational dynamics. As a result, there was a shift from traditional filial piety in both urban and rural China, and from the subordination of the young to the will and welfare of parents and grandparents, to filial care based upon 'mutual need, mutual gratitude and mutual support' (Croll 2008, p, 110). Due to the continuing gendered division of labour in rural families, this re-write of the intergenerational contract has both gendered and generational consequences. In Village A, while some husbands cared for their wives when they were taken ill, given the extended longevity of women (and tendency for the man to be older), mostly wives provided disproportionately for the care for their husbands in old age. In addition, these women were responsible for farm work and childcare for their sons' and daughters' children when their children migrated. Therefore, in Village A, older women's ageing experience was significantly reshaped by their adult children's migration.

Father Jing and Mother Jing had three daughters and two sons. The elder son and his wife migrated to Guangdong province (eight hours by train) in the 1990s, first working on construction sites and then setting up a shoe shop; they had three daughters and one son. The second son joined the army after middle school and became a public servant in the province of Guangdong and settled there; he married in his late thirties and had a daughter. The eldest and second daughters lived in the nearby town (40 minutes by bus) and engaged in street vending. Their youngest daughter lived in a nearby city (90 minutes by coach) and owned a small fruit shop. The Jing couple lived alone in the village.

Father Jing suffered from chronic bronchitis and coronary heart disease and needed constant care. Mother Jing provided instrumental and emotional support and personal care to her husband in addition to managing the household. Material support was mainly provided by the

two sons who sent frequent remittances. Some emotional support was also provided by both the sons and daughters when they visited or called home. In 2010, Father Jing was hospitalised for one month; Mother Jing (MJ) told how the extended family supported him:

MJ: I took care of him. Sometimes, my daughters came to visit us. I handled it myself and didn't want to use their time. As they didn't have time during the day, they usually visited after work. My youngest daughter was especially caring for her father as she lives close to the city hospital. Since it was expensive to have hospital meals, she sent meals to us most days.

Q: So who was washing clothes for him in the hospital?

MJ: It was me. I handled all these duties.

Q: Did your sons and daughters-in-law come to visit him?

MJ: No, because they were too far from here. They just sent money back and asked their sisters to take care of us. Money can solve everything.

The two migrating sons performed proxy care (by asking their sisters to visit) and sent cash to settle medical bills, as only 30 per cent of Father Jing's surgery fee was covered by state medical insurance. The sisters visited the hospital to varying degrees, providing emotional and instrumental support, although most instrumental support and personal care were supplied by Mother Jing.

Since all the children were living away from their village, Family Jing's old age support depended upon three elements: spousal care, financial support from his migrant children, and the relationship between parents and their adult children. Spousal care is often overlooked in studies of intergenerational transfers in China. In the village, the older generation generally considered spousal care as the first preference for both instrumental support and personal care.

The care capacity of the migrant children was conditioned by the amount of income they could generate to provide for their parents. The Jings revealed that they had only started to receive remittances in recent years when their elder son's financial status improved, and the second son settled into a good job. Prior to that, rather than being care recipients, they provided material support to both sons: for example, paying the fine when the elder son breached the one-child policy, and supporting the younger son's military academy studies. The relationship between parents and adult children had an impact upon the quality of care given and received. Although it appeared from all the interviews that the atmosphere within the Jing Family was broadly harmonious, Mother Jing's narrative suggested that the two older daughters were less emotionally close to her. The two older daughters called home less often than the younger daughter and two sons. When Father Jing was hospitalised, the younger daughter sent meals every day, while the older daughters visited their father only a couple of times during the entire time he was in the hospital. Other villagers' narratives also confirmed that, if they had an intimate relationship, the provision of emotional and financial support did not change due to geographic separation. If the relationship was strained, no emotional intimacy existed in the support activities even if the sons and daughters resided in the same village as their parents. Traditionally, while sons were considered the main providers of support for parents, it was their wives who undertook the daily care work. Today, the daughters-in-law's filial obligations towards the in-laws still remain but some care responsibilities have been transferred to the daughters. For many village interviewees, washing parents' dirty clothes and bed sheets had become a taken-for-granted daughter's job.

State intervention in old age support

The state's role was mainly confined to financial support for older residents through pension and medical insurance. Since 2010, on reaching the age of 60, everyone in the village was

entitled to a monthly state pension of 55 Yuan, but the amount provided is very small: for example, a coach trip from the village to the nearby city costs 20 Yuan and a bag of cold medicine costs 20 Yuan. A grandparent's entitlement is based upon all adult members of the family contributing to the scheme. These rules have turned an apparently citizen-based pension provision into a family-based policy framework. The same approach also underpins medical care insurance. Although policy holders are entitled to some reimbursement of hospital charges, the individual is always responsible for the majority of costs (often sourced by family members). This framework causes particular difficulties for those with strained family relationships. Family Zhao was one such example. Mother Zhao explained how she overcame the problem by making contributions on their behalf:

Taking the pension for example, my children don't even make a contribution for themselves. ... My elder son, elder daughter-in-law and younger son were unwilling to make their payment. In order to get my pension, I paid 300 Yuan for them out of my own savings. Then I can get 660 Yuan of pension per year. So in total I get 360 Yuan a year, deducting the 300 Yuan.

Despite the pension deduction, like other older people in the village, Mother Zhao was supportive of the state's pension provision.

Q: Whose support for older people is better, from the government or the family?

MZ: The Government.

Q: Why?

NZ: Because children begin to dislike their parents after having been together for a long time. It's better to rely upon the government.

Although everyone in the village, including those whose adult children did not pay their own contribution, welcomed the introduction of the state pension, respondents had differing

opinions of state medical insurance. Father Cui required daily medication, but due to the chronic nature of his illness, he was not entitled to reimbursement of bills for medicines despite being part of the medical insurance scheme. He therefore relied on financial support from his daughter who worked in a city factory (his other children were still in education). By contrast, in Family Jing and another family, Family Chen, the adult children were able to help pay for treatment in a high quality hospital that was included in the medical care insurance scheme, meaning that they had 30 per cent of their surgery fees reimbursed. Both families praised the scheme, but since the success of this model of medical insurance was dependent upon the household's capacity to pay it actually widened the gap between richer and poorer households in the village.

State-run care homes for older people were established in the 1950s. They provide food and accommodation for those who are childless and unable to work. By the end of 2015, rural China had 27, 000 state-run care homes providing 2.5 million beds (Zhang 2016). However, the bed occupation rate is low – only 45 per cent in 2014 – and studies reveal a strong antipathy among rural older people to state-run care homes (Zhang 2016), since they are associated with their original function as homes for the childless and the social stigma attached to being childless seen as an unfilial act towards one's family and lineage. As found in other studies, no interviewees in the village wanted to go into a state care home because they thought it would damage their children's reputation.

However, the tension between the need for children to be available in the village to care for their parents and the need for them to migrate was accepted by some older interviewees.

Mother Jing, who cared for her husband instead of their adult children, noted 'it is best to hire someone to care for me in future', even though she rejected the idea of a state-run care home.

The adult child generation, depending upon their life course phase or economic circumstances, differed in their views of the state's role. The younger better-educated cohort (in their twenties and thirties) preferred the state to play a more interventionist role in setting up care facilities for the older generation. Son Cui (university-educated, in a city five hours away by coach) noted: 'I feel the government should build the infrastructure of services for old people'. Son Cui was willing to take on the financial responsibility for his parents' care because he felt 'parents need to have people to look after them. We don't need to be with them all the time so that we can focus on our own career development'. But many of the older cohort (late forties in low-paid jobs) intended to return to the village after their own children completed education, and preferred a different welfare configuration. The oldest son (in a city nine hours away by train) in Family Chang commented: 'It is better for the children to provide personal care for their parents. But it is necessary for the government to give economic support'.

The market as care provider

In reforming social welfare since 2006, the Chinese central government has attempted to promote the roles of the market and community whilst positioning itself as a regulator and agent of change (Du, 2013). However, state-run elder care homes in rural areas have struggled to attract private investment, compared to the cities where potential customers are much wealthier (Zhang, 2016), and the supporting infrastructure is far superior. In Village A, for example, many households did not have basic sanitary facilities, and the local state-run elder care home provided only basic accommodation and food for the residents, with no medical staff or facilities. No privately funded care service was available in the region.

The arrival of market mechanisms in China offered for adult children opportunities to migrant and, thereby, provide financial support for their ageing parents, enabling them to cover everyday living and medical expenses. However, this pattern depends on the life course of the adult children's family and the income level of the migrating children. Decisions about who offers support is also mediated through the quality of the relationships between parents and children. In Family Zhao, the eldest son gained a job as a security guard in Guangdong while his wife worked as a cleaner. Their combined annual income was approximately 24,000 Yuan. To keep costs down they rented a small room in the city for 3,600 Yuan per year. However, Son Zhao still felt he was carrying a 'huge burden' because he had three daughters of school age, which cost him 'at least 10,000 Yuan a year'. Although education up to the completion of junior middle school (age 16) is free in China, textbooks, school meals and uniforms are paid for by students' families. His widowed mother looked after his three daughters in the village, in addition to looking after her own farm and her two sons' farm. She told how she negotiated the remittances for the grandchildren.

I asked: How much do you give me to raise the children? They said: we give you one hundred Yuan a month per child. But one hundred a month is not enough nowadays and so this year they give me five hundred Yuan per month for three children.

This narrative illustrates the constrained relationships between family members. Although the eldest son claimed that he and his brother would be willing to support their mother financially in old age, the relationship was distant on both sides, and his mother did not place any hope in her children's future support. Unlike Family Jing, the market sector did not benefit Mother Zhao and, to an extent, financial constraints further estranged the relations between Mother Zhao and her children.

Community care support

Community is another sector that the central government promotes in taking greater responsibility for old age support. However, community-based care differs between urban and rural China in two key respects. First, the form of community differs: in the cities, it is created either by employment (work-related accommodation) or through the private purchase of housing (generally living among people with a similar income level). By contrast, community in rural China originates from a loose kin-based system: many Chinese villages contain three to six major surnames, indicating that villagers are related within five or six generations.

Second, the quality of care offered by community centres differs. In large cities such as Shanghai and Beijing, local government has resources to enable community centres to provide medical checkups, daily physical support and personal care for older residents. However, with insufficient financial resources and underdeveloped infrastructures, most rural community centres for older people provide nothing more than a place where people can read, watch TV and play games together (Hao & Bi, 2017). In more advanced rural areas, local governments have turned a former village school or clinic into a unit where older people can live and support each other, albeit for a monthly fee (varying between 100 and 300 Yuan).

At the time of the fieldwork, Village A had no formal community centre for older people. However, the kin-based village system created a sense of belonging, and villagers with the same surname tended to reside close to one another. Thus, community played a major role in providing emotional support via informal gatherings. For example, Mother Wang said: ‘I visit almost everyone’s home. If I have nothing to do, I often walk around here’. Mother Jing recalled: ‘Sometimes, if the older people who live opposite have nothing to do, they will wander here to chat’. The community was critical to the psychological well-being of those in

the older generation who had difficult relationships with family members. For the widowed Mother Zhao, this was her main source of emotional support as her children who had migrated to the city seldom phoned her and did not visit during major festivals. Indeed, she preferred chatting to her neighbours rather than to her daughter-in-law in the city, whom she referred to as ‘the other person’.

The community also provided support in daily tasks. Neighbours assisted the widowed Mother Zhao with farm work, while other neighbours helped Mother Wang by washing her bed sheets. However, the capacity for the community to provide instrumental support was limited by the combination of the village’s demographic structure and the cultural practice of building relationships. As reciprocity underlines relationship building in Chinese society, anyone who receives help is obligated to return the favour in the future. Offers of assistance with daily tasks were usually confined to the under 70 cohort. For older age groups, such support from the community was only occasional.

Conclusions

Drawing upon ethnographic data on family life in rural households in China, this article has examined the processes of care for old people in the context of rural to urban migration. The findings from the case study have raised two main issues for welfare and care provision literature.

The first arises from the relationships between different sectors. Some care diamond studies found that the boundaries between different sectors have proved to be fluid and overlapping, and identified the benefits of such an approach (Soma et al., 2011). However, in the case of rural China, concepts such as family and community have specific meanings. They are

shaped by the local socio-cultural background and the role played by different sectors. For example, the rural community serves as a kinship network in which each extended family is embedded. State schemes for pension and medical care operate in a household-based framework that depends on the family's capacity to contribute. Such a model creates challenges for poor households and families when relationships between children and parents are conflictual or distant, while also increasing the vulnerability of widowed older people. Further, the study reveals the pressures exerted on families by migration, which interact with gender and generational inequalities, resulting in older women carrying the heaviest burden of care. Much of the existing familial support system, in effect, relies on the unpaid labour of older women.

The second implication relates to the appropriate balance between different sectors in providing old age support. In 2013, the state legislated to enhance the role of children in supporting their parents, thereby further promoting the familial support system (Xu, 2013). However, this familialisation approach is problematic for rural residents because it fails to take into consideration the long-established rural–urban segregation and under-developed rural economy and infrastructure. It also fails to address the gendered and intergenerational inequalities embedded in a familial support system by allowing the state and the market to reap the benefits of the unpaid labour of older women.

While pointing out the negative consequence of the explicit familialist principle embedded in Chinese social policies, this article does not postulate a defamilialisation approach in all areas of support for older people. Instead, we suggest greater sensitivity to the dynamism of family relations and preferences based on the experiences of social policy recipients. Asked about their preferences for care in old age, most interviewees of whatever age preferred a mix of

social policies situated along a spectrum between familialisation and defamilialisation. On the one hand, rural villagers welcomed a defamilialisation approach in rural social policies on pension and medical care insurance. Rather than relying upon the household's capacity to pay, rural residents should, according to some commentators, be entitled to receive financial benefits on a citizenship basis (Fisher, Shang & Blaxland, 2011).

On the other hand, with respect to family-based personal care, interviewees' narratives seem to resonate with an 'optional familialistic' model. By 'optional' Leitner (2003, p. 359) implies that

‘the caring family is strengthened but is also given the option to be (partly) unburdened from caring responsibilities...only in the optional familialism is the family's right to care not equated with the family's obligation to care’.

As family-based physical care continues to be culturally valued, the older generation overwhelmingly preferred it to institutional care. Among the younger generation, a divergent opinions emerged among adult children depending upon their employment status and other characteristics such as age and the stage of their life course. To reconcile the generational differences and avoid downgrading old-age care to that of a 'burden', the state could step in and offer either alternative care services or cash subsidies to support family members who provide personal care.

In optional familialism, state policies also need to be sensitive in addressing gender and generational inequalities in the family domain. Family is not a black box of harmonious relationships, but a site of gendered, intergenerational contestation, negotiation and compromise (Douglass, 2006). Researchers need to examine further whose care is justified, welcomed and expected, and who in a family is 'excused' from care and on what grounds

(Finch & Mason, 1990). The rapid changes in demographic and family structures necessitate a new model of care provision that encourages the financial independence of the carer and does not build on gender difference.

Since the demographic conditions that support familialist care systems are fast disappearing, the familialistic care arrangement in East Asia will soon no longer have a foundation on which it can function (Yamashita et al., 2013). In the case of rural China, although the current cohort of old people has several adult children, against the background of urbanization and increasingly smaller families, the next generation of older people will have great difficulty in relying solely upon their families. Only through further market development to provide better jobs for migrants and the state's intervention to improve financial support and care support and infrastructure, and to tackle sexism and ageism, can the culturally-valued familial support system remain functioning.

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Table 1 Characteristics of interviewees

Village A	Family members interviewed
Family Wang	Father (aged 81), mother (77), son (56), daughter-in-law (54), grandson (31), granddaughter-in-law (29)
Family Chen	Father (78), Mother (75), son (56), daughter-in-law (52)
Family Xia	Mother (78) 2 sons (47 and 45)
Family Li	Mother (61) and son (39)
Family Chang	Father (67), mother (60) and son (37)
Family Cui	Father (60), mother (55), son (21) and daughter (24)
Family Zhao	Mother (65) and son (35)
Family Jing	Father (80), mother (73), son (46), granddaughter (26)

Table 2 Care diamond of old age support in Village A

	Emotional support	Financial Support	Instrumental Support	Personal Care
Family	Spouse and/or children	Migrating children	Spouse and/or remaining children	Spouse and/or remaining children
Market	None	Some (indirect)	None	None
State	None	Some	None	Some (via state homes)
Community	Main	None	Some	None